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ATTORNEY DOCKET NO. 1248-0579P

PLEASE NOTE: YOU MUST CO FOL

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COMBINED DECLARATION AND POWER OF ATTORNEY

FOLLOWING:	FOR PATE	MI WAD DESIGN	N APPLICATIONS	•					
→	As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plura lineirons are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
Insert Title:	VARIABLE GAIN AME	LIFIER							
-	the specification of which is attached he	the specification of which is attached hereto. If not attached hereto,							
Fill in Appropriate	the specification was filed on			as					
Information — For Use →	United States Application Num	ber		;					
Without	and amended on		(if applicabl						
Specification	the specification was filed on .			_ as PCT					
Attached:	International Application Num	ber		; and was					
	amended under PCT Article 19 o	n	(if a	applicable)					
	by any amendment referred to above. I acknowledge the duty to disclose in §1.56. I do not know and do not believe the	formation which is material to patenta	e identified specification, including the oblitty as defined in Title 37, Code of February and the United States of America before me	ederal Regulations,					
	thereof, or patented or described in any prior to this application, that the same we application, that the invention has not I application in any country foreign to the more than twelve months (six months fo on this invention has been filed in any representatives or assigns, except as foll	as not in public use or on sale in the to been patented or made the subject o United States of America on an appli or designs) prior to this application, a country foreign to the United States	United States of America more than or f an inventor's certificate issued befor ication filed by me or my legal represed and that no application for patent or in the state of the state	ne year prior to this ore the date of this entatives or assigns nventor's certificate					
	representatives or assigns, except as fotows. I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:								
n	Prior Foreign Application(s)			Priority Claimed					
Insert Priority	2001-55482	Japan	February 28, 2001	DX 🗆					
Information: ->	(Number)	(Country)	(Month / Day / Year Filed)	Yes No					
(if appropriate)	2002-29742	Japan	February 6, 2002						
	(Number)	(Country)	(Month / Day / Year Filed)	Yes No					
	((,	,						
	(Number)	(Country)	(Month / Day / Year Filed)	Yes No					
	, , ,								
	(Number)	(Country)	(Month / Day / Year Filed)	Yes No					
Insert Provisional	I hereby claim the benefit under Title 35	, United States Code, §119(e) of any	United States provisional application(s) listed below.					
Application(s):	(Application Number)		(Fili	(Filing Date)					
	(Application Number) (Filing Date) All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to								
	the Filing Date of This Application:								
Insert Requested Information:	Country	Application Number	Date of Filing (Month /	Day / Year)					
	I hereby claim the benefit under Title 3 insofar as the subject matter of each of t in the manner provided by the first para which is material to patentability as defi date of the prior application and the na	he claims of this application is not dis graph of Title 35, United States Cod ned in Title 37, Code of Federal Regu	sclosed in the prior United States and/ le, §112, I acknowledge the duty to datations, §1.56 which became available	or PCT application isclose information					
Insert Prior U.S. Application(s): → (if any)	(Application Number)	(Filing Date)	(Status — patented, pen	nding, abandoned)					
	(Application Number)	(Filing Date)	(Status patented, pen	iding, abandoned)					

I hereby appoint sife following attorneys to prosecute this application and or or international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the control of the c

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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor; Insert Name of Inventor	GIVENNAME	FAMILYNAME	INVENTOR'S SIGNATURE			DATE*Feb.		
	Masayuki	MIYAMOTO	Masayuki	Mira	moto	5, 2002		
Insert Date This Document is Signed	Residence (City, State & Country)				CITIZENSHIP			
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Address →	2-117, 2-chome Sakyo Nara-shi Nara 631-0801 Japan							
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	Residence (City, State & Country)				CITIZENSHIP			
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
-								
Full Name of Third Inventor, if any see above	GIVEN NAME	FAMILYNAME	INVENTOR'S SIGNATURE			DATE*		
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Full Name of Fourth Inventor, if any see above	GIVEN NAME	FAMILYNAME	INVENTOR'S SIGNATURE			DATE*		
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Full Name of Fifth Inventor, if any see above	GIVEN NAME	FAMILYNAME	INVENTOR'S SIGNATURE			DATE*		
	Residence (City, State & Country)							
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(nevisea 11-99)	DATE OF SIGNATURE							